

FILED OCT 10 1944

Registration District No. 5

Primary Registration District No. 3010

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Southeast Mo. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Berkina  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

VERSA R. WILLITT

3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1944 hour 1:10 minute 30 A. M.  
21. I hereby certify that I attended the deceased from July 29, 1943, to Aug 1, 1944  
that I last saw her alive on Aug 1, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Myocardial Infarction Duration 1 hour

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife R. C. Willitt  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Jan 27, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 6 4 hr. min.

9. Birthplace Stoddard Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name Dimpson Reed  
13. Birthplace Pocahontas Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Atkins  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant R. C. Willitt  
(b) Address Berkina, Mo.

17. (a) Burial (b) Date thereof Aug 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cape Girardeau, Mo.

18. (a) Signature of funeral director Glenn S. Morgan  
(b) Address Advocate Mo.

19. (a) 9-30-44 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

Due to .....  
Due to .....  
Other conditions Diabetes Mellitus 2 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations 61  
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....  
(b) Date of occurrence .....  
(c) Where did injury occur? (City or town) (County) (State) .....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (c) Means of injury 0

23. Signature Not Done (M. D. or other) .....  
Address Cape Girardeau Date signed 9-29-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 3 1948

RECEIVED

District Health Officer No. 4  
District File Number 1044-4396  
Date Filed 10-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by  
Gloyd S. Morgan, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Gloyd S. Morgan  
Licensed Embalmer No. 3381  
P. O. Address Advance, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.